

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
(605)773-4845
FAX (605)773-4550

APPLICATION FOR CERTIFICATE OF WITHDRAWAL

FILING FEE: \$10

An Original and one exact or conformed copy must be submitted.

1. The name of the corporation is _____

2. It is incorporated under the laws of the state of _____
3. It is not transacting business in this state and it surrenders its authority to transact business in this state.
4. It revokes the authority of its registered agent to accept service on its behalf.
5. The address of the corporation's principal office is: _____

After the withdrawal of the corporation is effective, service of process is perfected pursuant to SDCL 47-1A-1510.

The statement may be signed by any authorized officer of the corporation.

Date: _____

Signature

Printed Name

Title